

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	09/164,568-Conf. #6823
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 1, 1998
		First Named Inventor	Randolph J. Noelle
		Examiner Name	P. Gambel
		Art Unit	1644
TOTAL AMOUNT OF PAYMENT (\$)		500.00	Attorney Docket No. 20052/1200518-US5

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account            Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby &amp; Darby P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<small>Small Entity</small>		<small>Small Entity</small>		<small>Small Entity</small>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							<small>Small Entity</small>
							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							50    25
Each independent claim over 3 (including Reissues)							200    100
Multiple dependent claims							360    180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			
_____	_____	_____	_____	<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
_____	_____	_____	_____				
HP = highest number of independent claims paid for, if greater than 3.							

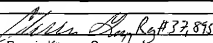
  

<b>3. APPLICATION SIZE FEE</b>			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fees Paid (\$)</b>
_____	_____	_____ / 50 _____ (round up to a whole number) x _____	_____

<b>4. OTHER FEE(S)</b>		<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)		_____
Other (e.g., late filing surcharge): 1402 Filing a brief in support of an appeal		500.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	36,073
Name (Print/Type)	Bonnie Kramer Camey	Date	February 26, 2007

**TRANSMITTAL OF APPEAL BRIEF**Docket No.  
20052/1200518-US5

In re Application of: Randolph J. Noelle et al.


Application No.  
09/164,568-Conf. #6823Filing Date  
October 1, 1998Examiner  
P. GambelGroup Art Unit  
1644

Invention: METHODS FOR INDUCING ANTIGEN-SPECIFIC T CELL TOLERANCE

**TO THE COMMISSIONER OF PATENTS:**Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal filed: December 13, 2006.The fee for filing this Appeal Brief is \$ 500.00.☒ Large Entity ☐ Small Entity☐ A petition for extension of time is also enclosed.

The fee for the extension of time is \_\_\_\_\_.

☐ A check in the amount of \_\_\_\_\_ is enclosed.☐ Charge the amount of the fee to Deposit Account No. 04-0100.  
This sheet is submitted in duplicate.☒ Payment by credit card.☒ The Director is hereby authorized to charge any additional fees that may be required or credit any overpayment to Deposit Account No. 04-0100.

  
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Dated: February 26, 2007